

Foster Family Home - Corrective Action Report

Provider ID: 1-511867

Home Name: Emily Saturnino, CNA

Review ID: 1-511867-6

1214 Kamehameha IV Road

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 5/16/2019

Foster Family Home

Required Certificate

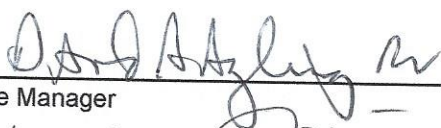
[11-800-6]

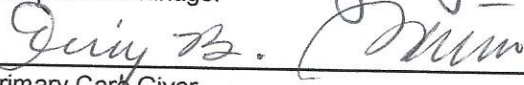
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/16/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

5/16/19
Date

5/16/19
Date